SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

... N 22

RES Permit #:

Date: Amount Paid: 100 STA 王878

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Refund:

Shoreland	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	Section - I , Township 1 N, Range	20 bh to	SW 1/4, NE 1/4 Gov't Lot Lot(s)	PROJECT LOCATION LOCATION LOCATION LOCATION LOCATION	NA	Authorized Agent: (Person Signing Application on behalf of Owner(s))		SS COUNTY HIGHWAY C	Address of Property:	CASON + CHMEY KITTER	Owner's Name:	TYPE OF PERMIT REQUESTED → X LAND USE ☐ SAN	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
	r, Stream (incl. Intermittent) If yescontinue	W	Town of:	CSM Vol & Page	04-05024405	NA	Agent Phone:	218-729-5106	WASHBURN, WI 54891	City/State/Zip:	P.O. BOX 301	Mailing Address:	□ SANITARY □ PRIVY	APPLICANT.
	nt) Distance Structure is from Shoreline:	WASHBURN		Lot(s) No.	04-0502490527103000 20000	NA	Agent Mailing Address (include City/State/Zip):	N/A	MI 54891		WASHBU	City/State/Zip:	☐ CONDITIONAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our webs
	*	 660′×30	Lot Size	Block(s) No. Subdivision:	Volume_		clude City/State/Zip):		- Protein		WASHBURN, WI SHB9	9:	☐ SPECIAL USE ☐	ICATION (visit our website w
ricoopiaii zone:	Ą	 300/ 5.02	Acreage	indoo.	1069 Page(s) 454	□ Yes □ No	Written Authorization	Plumber Phone:	715-292-0880	Cell Phone:	11 75-209-1126	Telephone:	☐ B.O.A. ☐ OTHER	ite www.bayfieldcounty.org/zoning/asp

 	Creek or Landward side of Floodplain?		If yescontinue		feet	Floodplain Zone?	Present?
□ Shoreland →	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	n 1000 feet of Lake, Por If y	Pond or Flowage	Distance Stru	Distance Structure is from Shoreline :	Yes	Yes
Non-Shoreland							
Value at Time of Completion	Doiort	# of Stories		#	What Type of	ne of	
*include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use "	of bedrooms	Sewer/Sanitary System Is on the property?	ary System roperty?	Water
	New Construction	X1-Story	□ Seasonal	□ 1	☐ Municipal/City	The state of the s	□ City
))	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	□ Well
10,350	☐ Conversion	☐ 2-Story		□ 3	Sanitary (Exists) Specify Type:	ify Type:	X
	☐ Relocate (existing bldg)	X Baseme nt			[®] □ Privy (Pit) or □ Vaulted (min 200 gallon)	l ted (min 200 gallon)	N/A
	Run a Business on	X No Basement		X None	☐ Portable (w/service contract)	itract)	
T	Property	Foundation			☐ Compost Toilet	The Control of the Co	1
	Community of the state of the s	X SLAB			X None		J
Existing Structure	Existing Structure: (If permit being applied for is relevant to it)	r is relevant to it)	Length:		Width.	Hoioh+•	
Drong Court			3				
Proposed Construction:	ction:		Length: 6		Width: 30	Height: / 4	

Height:

Proposed Structure	Dime	nsions	Square
Principal Structure (first structure on property)		~	
Residence (i.e. cabin, hunting shack, etc.)		~	
with Loft	^	~	- CANADA
with a Porch	(_	
with (2 nd) Porch		~	
with a Deck	_	~	- Constituent
with (2 nd) Deck	(_	- TOWNSON
with Attached Garage	,	×	
use w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		_	
Mobile Home (manufactured date))	~	
Addition/Alteration (specify)	^	_	
Accessory Building (specify) STORAGE BUILDING	(36'	(30')	900
Accessory Building Addition/Alteration (specify)		×	
Special Use: (explain)		× 	
Conditional Use: (explain)	()	×)	TANKE TO THE PARTY OF THE PARTY
	_	×	100
	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with a Porch with (2 nd) Porch with 3 Deck with 4 Attached Garage Bunkhouse w/ (sanitary, or sleeping quarters, or cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) STORAGE ISUIL DING	perty) (perty) (quarters, or \(\text{cooking & food prep facilities} \) (ABE BUILDING (ACE BUILDING (perty) (perty) (uarters, or Cooking & food prep facilities) (ABE BULDING (36'

(If you are signing on behalf of the owner(s) a letter of authorization must ac P.O. Box <u>છ</u> MASHBURN, WI 2489 ompany this

Owner(

ted on the Deed 🛍 Oy

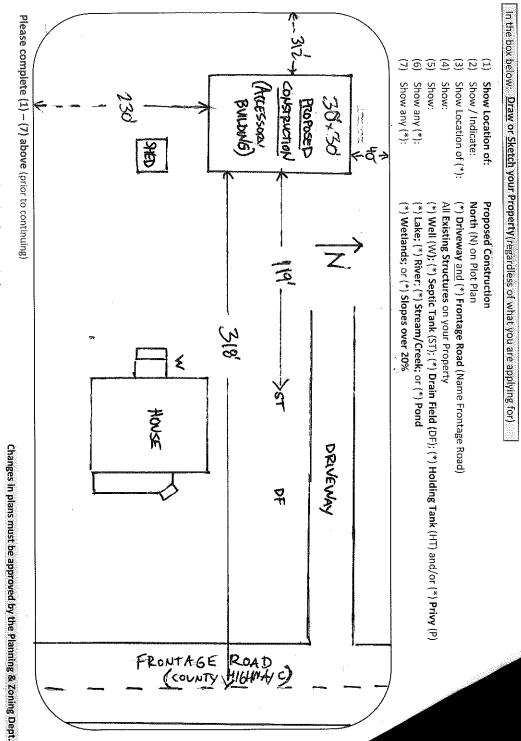
ers must sign or letter(s) of authorization must accompany this application)

Authorized

Address to send permit

7014

Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed



Setbacks: (measured to the closest point)

iner to the	e previously surveyed co	bior to the absence or construction of a stratture within ten (10) feet of the minimum required serback the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the	thack the b	of the minimum required set	Dries to the discoment or construction of a structure within ten (10) feet
			Feet	N/A F	Setback to Privy (Portable, Composting)
		Account and a contract of the	Feet		Setback to Drain Field
Feet	011	Setback to Well	Feet	- 19	Setback to Septic Tank or Holding Tank
			200 S		
Feet	N/A	Elevation of Floodplain	eet	278 Feet	Setback from the East Lot Line
Feet	N/A	Setback from 20% Slope Area	Feet	312	Setback from the West Lot Line
Feet	NIA	Setback from Wetland	Feet	230 F	Setback from the South Lot Line
			Feet	1 Ot	Setback from the North Lot Line
Feet	NA	Setback from the Bank or Bluff	56-4 50-4 50-4 50-4 50-4 50-4 50-4 50-4 50		•
Feet	N/A	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
Feet	N/A	Setback from the Lake (ordinary high-water mark)	eet	318 Feet	Setback from the Centerline of Platted Road
ent	Measurement	Description		Measurement	Description
1000 Company (1000)					Landing Control of the Control of th

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary like from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

)	
Issuance Information (County Use Only)	Sanitary Number:	odnitaly pate:	
Permit Denied (Date):	Reason for Denial:		
Permit #: 14:0070	Permit Date: 5-19-14		
Is Parcel a Sub-Standard Lot	□ N6	Affidavit Required □ Yes Affidavit Attached □ Yes	DNO No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #		
Was Parcel Legally Created Yes □ No らんとく Was Proposed Building Site Delineated	Were Property Lines Represented by Owner タイントレーション Was Property Surveyed ロヤ	Øγes	 No
Inspection Record: propriet is a showed policy of the state of the sta	Inspection Record: propertien showed propert accentany 25 Ft from property zoning District (Live Meet by property of many of the Soft settings including over Lakes Classification (b it to the ends of the many the Soft settings including over Lakes Classification (Zoning District (Lakes Classification (
Date of Inspection: 5 - 14 - 14	Inspected by J. Corner R. M. Mapthy	Date of Re-Inspection:	
Condition(s):Town, Committee or Board Conditions Attached? I Yes I No-(If No they need to be attached.) (m(s):Town, Committée or Board Conditions Attached? In Yes INO-(IF No they need to be attached.) (). (16 Auna bolitation or pressure sed nater/index primery.)	dentis,) } }
m/o recenary pe	n/o recessory permits impertures diversory s		
Signature of Inspector:	000	Date of Approval: / _ / y	-14
Hold For Sanitary,	Hold For Affidavit: 🔲 Hold For Fees: 🗀		_

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Sta

È ~ ∞ 2014

ENTERED Date: Permit #:

Ē

Amount Paid:

₹107 5,00 S 12.54 3

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

300 K Existing Structure: (If po Proposed Construction: 3 BR. TACH
Commercial Use
S. 120-1 Residential Use X Non-Shoreland ☐ Municipal Use Address of Property: of Completion Value at Time Authorized Agent: (Pers TYPE OF PERMIT REQUESTED—▶ donated time & のと下る ontractor Rec'd Shoreland Z PROJECT LOCATION 25. 22. Secretarial Staff Proposed Use material Section for Issuanc 0 1/4, Paulson Ś (Person Sign Relocate (existing bldg) Run a Business on What (if permit being applied for is relevant to it) 5 ٤ \Box Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes... Property Legal Description: Conversion Addition/Alteration Signing Application on behalf of Owner(s)) Township 1/4 Project Construction X 4 applying for) Other: (explain) Conditional Use: (explain) Special Use: (explain) 4 Accessory Building Addition/Alteration (specify) Mobile Home (manufactured date) Residence (i.e. cabin, hunting shack, etc with Loft 2 Accessory Building Addition/Alteration (specify) **Bunkhouse** w/ (□ sanitary, or □ sleeping Principal Structure (first structure on property) (Use Tax Statement) N, Range with a Porch
with (2nd) Porch □ Basement and/or basement X Foundation with Attached Garage with (2nd) Deck with a Deck 2-Story # of Stories No Basement 1-Story + Loft Lot(s) SANITARY (specify) Contractor Phone:
715-776-3600
Agent Phone: PIN: (23 digits) 36985 W. Bresz-He ٤ Mailing Address Year Round 0501 **Proposed Structure** Length: Length: (incl. Intermittent) PRIVY <u>6</u> Use Town of: といっても quarters, & Page Å Joshbur 3 ☐ CONDITIONAL USE Plumber:

Slekenten Plumbing
Agent Mailing Address (include City/State/Zip): 임 Distance Structure is from Shoreline: Distance Structure is from Shoreline: ヹ bedrooms -53-3 cooking & food prep facilities) None o, 348G1 # Lot(s) No. Boyfield Wif City/State/Zip 01-000 ☐ Municipal/City ズ (New) Sanitary Width: Sanitary (Exists) :
Privy (Pit) or Portable (w/service contract) Compost Toilet Block(s) No. ددن ﴿ وَ SPECIAL USE Sewer/Sanitary System Is on the property? What Type of Lot Size Volume Subdivision: Recorded Document: (i.e. Property C 24814 feet 5 Specify Type: Canvending! Vaulted (min 200 gallon) ত **t Dimensions** Is Property in Floodplain Zone? \times \times × × × \times × \times × B.O.A. ć N X Height: Height: □ Yes 0 50 715-689-6050 Written Authorization 715-206-1547 Attached からからしていて Telephone Plumber Phone: Cell Phone: Acreage ルク・GG Page(s) 278 OTHER 5 Are Wetlands Present? Footage Square Ownership) Z Yes No X. Well Water City

Date 4 0

All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s)

(If there are Multip

I (we) declare that this application (including any im (are) responsible for the detail and accuracy may be a result of Bayfield County relying on the above described property at any reasonable triffs

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

PAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

PARCOMPANYING information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yo all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of inspection.

Authorized Agent:

(If you are signing on behalf of the owner(s) a

letter

ġ,

Address to send permit

Date

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

75 N enerosis. 204

Refund: Permit #: Amount Paid: 5-23-14 \$150 5-21 14,008

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED C)

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With the second)	« ×	1				with a Deck		Τ	
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	_	×	_				with a Porch		0	¥ Residential Use
***************************************)	×	-	***************************************			with Loft			
	-	×	_			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
	_	×	-			ture on property)	Principal Structure (first structure on property)	Principal		
Square Footage	ons	Dimensions	100 m (200 100 m (200 m (200 100 m (200			Proposed Structure			\ \	Proposed Use
160	0			7					-	1
12)	Height:	EUPA ONGE	•		width:	Length: US	or is relevant to it)	ng applied f	(if permit be	Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:
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				None	7					
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		contract)	ervice		None			iness on	Run a Business on	
lon)	Vaulted (min 200 gallon)	/aulted (n		Privy (Pit) or			☐ Basement	existing bldg)	Relocate (existing bldg)	7000
	CONY.	pecify Type	S (S)	Sanitary (Exists) Specify Type: Cay Y.	X		- 1	3	Conversion	* ハ つ さ こ さ こ さ こ さ こ さ こ さ こ さ こ さ こ さ こ さ
≯Well :		Specify Type:		(New) Sanitary	: 2 SWAY [A Year Round		Alteration	央 Addition/Alteration	
□ City			۷	Municipal/City	□ 1 □	☐ Seasonal	风 1-Story	truction	New Construction	
Water	è m	What Type of Sewer/Sanitary System Is on the property?	What /San 1 the	V Sewer Is or	# of bedrooms	Use	# of Stories and/or basement	Ä	Project	Value at Time of Completion * include donated time & material
					-					Non-Shoreland
MNo 2 Tes	No	ſ	ine : feet	is from Shorel	Distance Structure is from Shoreline:	Pond or Flowage If yescontinue>	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	y/Land with	☐ Is Propert	•
Are	ls Property in Floodplain Zone?		ine : _feet	is from Shoreline :	Distance Structure	Stream (incl. intermittent) If yescontinue	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	y/Land with	☐ Is Propert Creek or Lar	☐ Shoreland ———
Acreage)je Acre	, ro	Lot Size		PN	WASADU	N, Range W	49	, Township	Section 28
	_	ision:	Subdivision:	Block(s) No.	Lot(s) No.	CSM Vol & Page	Gov't Lot Lot(s) CS	Gov	1/4	MET-NEW
Volume 1012 Page(s) 882	Pag	e /O/ 2	Volume	00001-000	2-0/-	77	(Use Tax Statement) 04-0		Legal Description:	PROJECT LOCATION
□ No	□ Yes	od Domini				(75 digita)	NIG			
Written Authorization Attached	Written A	77	ite/Zip	(include City/Sta	Agent $Mailing Address$ (include City/State/Zip):	Agént Phone: Ag	$\overline{}$	ication on beha	on Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone:	Plumbe			bing	Plumber: CACY OWM	115/272-3058 C	Blabach	Ris (Bob	080	Contractor:
me:	Cell Phone:		,			City/State/Zip:	City/			Addless of Property: SAMC
1292-0026	115/	3/89/	2) 5	buenle	PR WASHOU	Q PM	277	ZE.	5.	MARCN
☐ OTHER	O.A. □ OT Telephone:	E □ B.O.A. Tel	Sn T	E □ SPECIAL USE /Zip:	CONDITIONAL USE / City/State/Zip:	☐ PRIVY Address:	☐ SANI	- □ LAND USE	UESTED-	TYPE OF PERMIT REQUESTED -> Owner's Name:

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

216 ___ 250 22 Ø∵ √ } N

Address to send permit

Owner(s): (If there a

are Multiple Owners

d on the De

MI Owners must sign or letter(s) of authorization

mpany this application)

Date

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) seclare that this application (including any accompanying information) ((we) are examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. ((we) acknowledge that i (we) an (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:

(If you are signing on

behalf

of the

owner(s) a letter

of

application)

Date